

State of New Jersey  
Department of Community Affairs  
Bureau of Code Services  
P.O Box 808  
Trenton, New Jersey 08625-0808  
Phone (609) 292-2097

**APPLICATION FOR PERMIT TO  
OPERATE AMUSEMENT RIDE**

January 1,20—— To December 31,20——  
permit application will not be processed without type  
certification or individual approval number

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+Name of Owner:\_\_\_\_\_

Date: \_\_\_\_\_

Trading As:\_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address:\_\_\_\_\_

Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_

Location of rides if at permanent site: \_\_\_\_\_

**(If traveling carnival, attach itinerary)**

Request is made that a permit to operate be issued to the owner identified above as required by N.J.S.A 5:3-41.

Signature \_\_\_\_\_

Title \_\_\_\_\_

THIS FORM MUST BE ACCOMPANIED BY A CERTIFICATE OF INSURANCE, A BOND, OR OTHER SECURITY FOR A MINIMUM OF \$ 1,000,000. INDICATING COMPLIANCE WITH. N.J.S.A 5:3-50

CHECK IN FULL AMOUNT FOR PERMIT FEES MUST ACCOMPANY THIS APPLICATION. EACH (KIDDIE RIDE \$200-  
INFLATABLE RIDE \$200- MAJOR RIDE \$400 AND SUPER RIDE \$600)

**MAKE CHECK PAYABLE TO: TREASURER, STATE OF N.J.**

For New and service proven rides a fabrication certification must be submitted and fixed site requirements if applicable

☐ **Fabrication certification**

☐ **Fixed site requirements** (only for permanent site)

RIDE NAME	NJ Serial #	MANUFACTURER	MANUFACTURER Serial #	Type certification# or individual approval #

**OFFICE USE ONLY**

I.D. NO. \_\_\_\_\_

DATE INSURANCE EXPIRED \_\_\_\_\_

TOTAL PERMIT FEE: \_\_\_\_\_

CHECK NO. \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

RECORD NO. \_\_\_\_\_

DATE ENTERED \_\_\_\_\_